

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER		
D.A.N. Joint Venture III, L.P.	19-cv-19814-JHR-JS		
DEFENDANT	TYPE OF PROCESS		
New Greenways, LLC	Writ of Execution		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE	New Greenways LLC- vacant property, Lots 58, 63 and 68.24 in Block 201 on tax map of Township of Franklin		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Pennsylvania Avenue and Morningside Avenue, Township of Franklin, County of Gloucester, New Jersey		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
Schumann Hanlon Margulies LLC David K. DeLonge, Esq. 30 Montgomery Street, Suite 990, Jersey City, NJ 07302		Number of process to be served with this Form 285	2
		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Post Writ of Execution at the vacant property in foreclosure, at Pennsylvania Avenue and Morningside Avenue, Township of Franklin, County of Gloucester, NJ described in Exhibit A and give notice provided to attorney for New Greenways LCC

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	201 451-1400	January 13, 2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. <u>50</u>	District to Serve No. <u>50</u>	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date <u>5/4/21</u>	Time <u>1030</u>	<input checked="" type="checkbox"/> am
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Address (<i>complete only different than shown above</i>)		Signature of U.S. Marshal or Deputy
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Service Fee <u>150</u>	Total Mileage Charges <i>(including endeavors)</i> <u>33.60</u>	Forwarding Fee	Total Charges <u>163.60</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

copy Clerks office